

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Charles Brandon Broome MD**

Mailing Address 820 Rosinante Rd

City

El Paso

State

TX

Zip Code

79922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 5 |   |   |

**Transaction ID : 7124594**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Anca Popa MD**

Mailing Address 115 River Rd Ste 825

City

Edgewater

State

NJ

Zip Code

07020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 5 |   |   |

**Transaction ID : 7124604**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Stephen G J Eckrich MD**

Mailing Address 5511 Shooting Star Trail

City

Rapid City

State

SD

Zip Code

57702-8867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Black Hills Orthopaedic &amp; Spine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 8 |   | 2 | 0 | 1 | 5 |   |   |

**Transaction ID : 7126202**

Amount of Each Receipt this Period

83.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

1583.50

**TOTAL** This Period (last page this line number only)..... ►